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TITIO	N FO	R EXTENSION OF	TIME UNDER 37 CF	R 1.136(a)	Docket Number (Optional) 016930-000816US
			In re Application of He	eidrun Engler	et al.
			Application Number 1	10/055,863	Filed January 22, 2002
	For COMPOSITIONS AND MET THERAPEUTIC AGENTS T			THODS FOR ENHANCING DELIVERY OF	
			Art Unit 1632	Ex	caminer Wilson
his is a i pplicatio	=	under the provisions	of 37 CFR 1.136(a) to e	extend the per	riod for filing a reply in the above identified
he requ	ested e	xtension and appropr	iate non-small-entity fee	are as follow	s (check time period desired):
		One month (37 CFF	R 1.17(a)(1))		\$
	$\boxtimes$	Two months (37 CF	R 1.17(a)(2))		\$420
		Three months (37 C	CFR 1.17(a)(3))		\$
		Four months (37 CF	FR 1.17(a)(4))		\$
		Five months (37 CF	R 1.17(a)(5))		\$
		cant claims small enti e-half, and the resulti		1.27. Therefo	ore, the fee amount shown above is reduce
	A che	ck in the amount of t	he fee is enclosed.		
	Paym	ent by credit card. F	orm PTO-2038 is attach	ed.	
	The D	irector has already b	een authorized to charg	e fees in this	application to a Deposit Account.
$\boxtimes$		Director is hereby auth sit Account Number 2		es which may	be required, or credit any overpayment, to
	I have	e enclosed a duplicate	e copy of this sheet.		
I am th	ie 🗌	applicant/invento	or.		
		•	of the entire interest. Seer 37 CFR 3.73(b) is end		
	$\boxtimes$	attorney or agent of	record Registration N	umber 39,38	31
		attorney or agent ur	nder 37 CFR 1.34(a).		
		Registration number if a	cting under 37 CFR 1.34(a)	•	
			form may become pub rd information and aut		e d X
<del></del>		Date	-	()	Signature
					Joseph R. Snyder, Reg. No. 39,381
				<u> </u>	Typed or printed name
					• •

Complete if Known FEE TRANSMITTAL 10/055,863 **Application Number** for FY 2004 January 22, 2002 Filing Date Effective 10/01/2003. Patent fees are subject to annual revision. Engler, Heidrun First Named Inventor Wilson Applicant claims small entity status. See 37 CFR 1.27 **Examiner Name** 1632 Art Unit 016030 000816119

METHOD OF PAYMENT (check all that apply)  □ Check □ Credit Card □ Money Order □ Other □ None □ Deposit Account: □ Deposit Account Number □ Deposit Account Number □ Deposit Account Number □ Deposit Account Townsend and Townsend and Crew LLP Name □ Deposit Account Name □ Deposit Account Name □ Deposit Account Townsend and Townsend and Crew LLP Name □ Deposit Account Townsend and Townsend and Crew LLP Name □ Charge fee(s) Indicated below □ Credit any overpayments □ Charge fee(s) indicated below □ Credit any overpayment of fee(s) □ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. □ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. □ Charge fee(s) Indicated below, except for the filing fee to the above-identified deposit account. □ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. □ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. □ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. □ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. □ Deposit Account Townsend and Crew LLP □ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. □ TEE CALCULATION □ 1804 920° Requesting publication of SIR after Examiner action □ 1805 1,840° 1805 1,840° Requesting publication of SIR after Examiner action □ 2251 55 Extension for reply within first month □ 2251 110 2251 55 Extension for reply within first month □ 2251 110 2251 55 Extension for reply within fourth month □ 1805 1,840° Request for rore ply within fourth month □ 1806 1,840° Request for rore ply within fourth month □ 1807 1,840° Request for rore ply within fourth month □ 1808 1,840° Request for rore ply within fourth month □ 1809 1,840° Request for rore ply within fourth month □ 1809 1,840° Request for rore ply within fourth month □ 1809 1,840° Req	Fee Paid
Check	Paid
Deposit Account:  Deposit Account Number  Deposit Account Number  Deposit Account Number  Deposit Account Number  Deposit Account Name  Townsend and Townsend and Crew LLP Name  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below Credit any overpayments  Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  The BASIC FILING FEE Large Entity Small Entity  Fee Code Code Code Code Code Code Code Co	Paid
Deposit Account Number  20-1430  Deposit Account Number  Deposit Account Name  Townsend and Townsend and Crew LLP 1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 For filing a request for reexamination 1812 2,520 For filing a request for reexamination 1812 2,520 For filing a request for reexamination 1804 920 Requesting publication of SIR prior to Examiner action  Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  FEE CALCULATION  1. BASIC FILING FEE Large Entity Small Entity  Fee Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code	Paid
Number  Deposit Account Name  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below Credit any overpayments  Charge any additional fee(s) or any underpayment of fee(s)  Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.  TEE CALCULATION  1. BASIC FILING FEE Large Entity Small Entity  Fee Fee Fee Fee Fee Fee Fee Pes Fee Description Fee Paid  Code (\$) Code (\$) Code (\$)  Code (\$) Code (\$)  Townsend and Townsend and Crew LLP  1053 130 1053 130 Non-English specification  1054 920* 1804 920* For filing a request for reexamination  1812 2,520 1812 2,520 For filing a request for reexamination  1804 920* 1804 920* Requesting publication of SIR prior to Examiner action  1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action  1251 110 2251 55 Extension for reply within first month  1252 420 2252 210 Extension for reply within second month  1254 1,480 2254 740 Extension for reply within fourth month  1255 2,010 2255 1,005 Extension for reply within fifth month  1256 2,010 2255 1,005 Extension for reply within fifth month  1257 2,010 2255 1,005 Extension for reply within fifth month  1258 2,010 2255 1,005 Extension for reply within fifth month  1259 2,010 2255 1,005 Extension for reply within fifth month  1250 330 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in support of an appeal 1403 290 2403 145 Request for oral hearing  1403 290 2403 145 Request for oral hearing  1404 920* 1804	420
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Name The Director is authorized to: (check all that apply)  ☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) or any underpayment of fee(s) ☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  ☐ BASIC FILING FEE Large Entity ☐ Small Entity Fee Fee Fee Fee Fee Pee Pee Pee Gode (\$) Code (\$) Cod	420
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SUBTOTAL (1)  (\$)  1452 110 2452 55 Petition to revive – unavoidable	
1453 1,330 2453 665 Petition to revive – unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 2501 665 Utility issue fee (or reissue)	
Fee from 1502 480 2502 240 Design issue fee	
Extra Claims below Fee Paid 1503 640 2503 320 Plant issue fee	
Total Claims -** = X = 1460 130 1460 130 Petitions to the Commissioner	
Independent Claims -** = 1807 50 Petitions related to provisional applications	:
Multiple Stmt	
Dependent    8021   40   8021   40   Recording each patent assignment per property (times number of properties)	
Fee Fee Fee Fee Code (\$)  Code (\$)	
1202 10 2202 9 Claims in excess of 20	
1201 86 2201 43 Independent claims in excess of 3 1810 770 2810 385 For each additional invention to be examined (37 CFR § 1.129(b))	
1204 86 2204 43 ** Reissue independent claims over original patent claims over or	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1802 900 Request for expedited examination of a design application	
SUBTOTAL (2) (\$) Other fee (specify)	
**or number previously paid, if greater; For Reissues, see above	
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)420	

SUBMITTED BY				Co	mplete (if applicable)	
Name (Print/Type)	Joseph R. Snyder	Registration No. (Attorney/Agent)	39,381	Telephone	925-472-5000	
Signature	Jash.	2		Date		

WARRING: Information per this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.